

PTO/SB/22 (12-04)
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act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PET	TION FOR EX	TENSION OF TI	Docket Number (Optional)				
; (Fe	es pursuant to the	FY 200 Consolidated App	SON-2132				
	cation Number	09/8	Filed Jun	e 22, 2001	1		
. 4-1-							_
For	CARD MAKIN	G DEVICE, CAR	D MAKING MET	HOD AND RECO	RDING MEDIUM THE	REOF	
Art U	nit 2622				Examiner	M. R. Milia	1
		er the provisions	of 37 CED 1 136	(a) to extend the	period for filing a reply i		1
	ified application.	er the provisions	0/3/ 0/11 1.130	(a) to exterio the	period for ming a reply i	in the above	
The	equested extens	sion and fee are a	as follows (check	time period desir	ed and enter the appro	priate fee below):	
				<u>Fee</u>	Small Entity Fee		1
	X One mor	oth (37 CFR 1.17)	(a)(1))	\$120	\$60	\$ 120.00	
	Two mor	nths (37 CFR 1.1	7(a)(2))	\$450	\$225	\$	
	Three m	onths (37 CFR 1.	17(a)(3))	\$1020	\$510	\$	
	Four mo	nths (37 CFR 1.1	7(a)(4))	\$1590	\$795	\$	
	Five mor	nths (37 CFR 1.1	7(a)(5))	\$2160	\$1080	\$	
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	٠٠ ا	ns small entity st		R 1.27.			
L	A check in the	amount of the fe	e is enclosed.				
	Payment by c	redit card. Form	PTO-2038 is atta	ached.			
	The Director h	as already been	authorized to ch	arge fees in this a	pplication to a Deposit	Account.	
X					be required, or credit ar		
	Deposit Accou	int Number	18-0013	I have enclo	sed a duplicate copy of	f this sheet.	
1	am the	applicant/inven	tor.				
				interest. See 37			l
					(Form PTO/SB/96).		
		attorney or age	nt of record. Re	gistration Number		-	
	x	• -	nt under 37 CFR				
	//	Registration nu	umber if acting und	er 37 CFR 1.34	24,104	_ ·	
			/ (	17,25-5	March 31		
	Signature  Ronald P. Kananen  Typed or printed name				Dat		
					(202) 959 Telephone		
N	OTE: Signatures of all	,, ,		tire interest or their repre	sentative(s) are required. Subm		
	an one signature is rec						39885
	Total of	1	forms are submitte	d.	04/03/2006 SZEWDIE1	00000005 180013	97003
	<del>-</del>				91 F0:1251 1	23.83 PA	_

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Under the Pa	perwork Reduction Appropri	no person are rec	quired to re	respond to a collection of information unless it displays a valid OMB control number										
	Effective on 12/08/	2004.		Complete if Known										
Fees pursuant to	the Consolidated Appropr	iations Act, 2005 (H.R	. 4818).	Application Number 0		09/885,945-Conf. #6219								
l FEE	E TRANSI	MITTAL	L	Filing Date J		June 22, 2001								
	For FY 20		L	First Named Inventor S		Sanae Okuyama								
	FOIFI 20	103	L	Examiner Name M		M. R. Milia								
Applican		Art Unit		2622										
TOTAL AMOU		Attorney Docket	No.	SON-2132										
METHOD OF PAYMENT (check all that apply)														
Check Credit Card Money Order None Other (please identify):														
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC														
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)														
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee														
Charge any additional fee(s) or underpayment of														
<del></del>	fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCUI		AMINATION SES												
1. BASIC FILIN	G, SEARCH, AND E)	ING FEES		RCH FEES	FXAMIN	NATION FEES	1							
-		Small Entity		Small Entity		Small Entity								
Application T			Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	<u>id (\$)</u>						
Utility	300	150	500	250	200	100								
Design	200	100	100	50	130	65								
Plant	200	100	300	150	160	80								
Reissue	300	150	500	250	600	300								
Provisional	Provisional 200 100 0		0	0	0	0								
2. EXCESS CL	AIM FEES						_	mall Entity						
Fee Description							<u>Fee (\$)</u>	Fee (\$)						
	r 20 (including Reissi	•					50 .	25						
	nt claim over 3 (inclu	iding Reissues)					200	100						
Multiple depend	dent claims						360	180						
Total Claims	Total Claims					Itiple Dependent Claims								
	-20 = x = =				<u>Fe</u>	ee (\$)	Fee Paid (\$)							
1-1 Ol-1	Estas Olaina	F (A)	Ean Da	ia (6) '										
Indep. Claims	Extra Claims	<u>Fee (\$)</u> =	геога	nid (\$)										
3. APPLICATIO														
	ntion and drawings ex	ceed 100 sheets o	f naner (e	excluding electro	onically fi	led sequence or	r computer							
4	ler 37 CFR 1.52(e)), t													
	action thereof. See 3					• /								
Total Sheet	<u>Extra Sheets</u>	Number o	f each add	ditional 50 or frac	tion thereo	<u>fee (\$)</u>	Fee Pa	id (\$)						
	100 =	/50	(	round up to a who	le number)	х	=							
4. OTHER FEE	Fees P	aid (\$)												
Non-English Specification, \$130 fee (no small entity discount)														
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00														
SUBMITTED BY		1												
Signature	13	11. 4	1720	Registration No. Attorney/Agent)	24,104	Telephone	(202) 955-	3750						
Name (Print/Type)	Ronald P. Kanane	en	,			Date	March 31,	2006						